



ANIMAL  
CARE  
FACILITY



## ADOPTION APPLICATION

Please note: This process may take up to an hour

Thank you for considering adopting a Chula Vista Animal Care Facility animal. To help ensure the best possible placement of our animals, and in order to determine that the proposed adoption is in the best interest of the animal, you and your family, please be as thorough as possible in completing each of the following questions. Inaccurate or false information will result in the denial of your application.

**The Chula Vista Animal Care Facility reserves the right to refuse adoption to any applicant.**

In order to be considered for adoption today, you must: 1.) be 18 yrs. of age, 2.) have a valid California Driver's License or current identification and 3.) Have proof of home ownership **or** letter of approval from landlord on letterhead.

Type of animal you wish to adopt: (please circle) DOG CAT OTHER

Is this pet adoption for: ☐ You ☐ Immediate family ☐ Someone else ☐ Protection for \_\_\_\_\_

Your name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

### Household Information:

1. Do you live in: House ☐ Apartment ☐ Condo/Duplex ☐ Mobile Home Park ☐
2. Do you own ☐ Rent ☐ Live at Home ☐
3. If Renting/Leasing:
  - \* Landlord's name: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_
  - \* Does your landlord require a security deposit? Yes ☐ No ☐
4. Length of time at current residence? \_\_\_\_\_ Years \_\_\_\_\_ Months
5. If you are planning to adopt a dog, do you have a fenced yard? Yes ☐ No ☐
  - \* What type of fence (chain link, wood, etc.) \_\_\_\_\_
  - \* What is the height of the fence: \_\_\_\_\_ Size of yard: \_\_\_\_\_
6. Number of adults in home: \_\_\_\_\_
7. Number of children in home: \_\_\_\_\_ Age of children: \_\_\_\_\_
8. Do you have a swimming pool? Yes ☐ No ☐ (if answering yes) How is it protected? \_\_\_\_\_
9. Do any members of your household have allergies specific to animals? ☐ Yes ☐ No ☐  
If yes, please explain \_\_\_\_\_
10. Are all family members aware that you are considering adopting a pet? Yes ☐ No ☐
  - \* Do they approve? Yes ☐ No ☐
11. Do you plan to move or relocate in the near future? Yes ☐ No ☐

### Pet History:

1. Do you own other pets? Yes ☐ No ☐ Total number of animals: \_\_\_\_\_  
If yes please complete information below.

- \* Name of current veterinarian or Animal Hospital: \_\_\_\_\_
- \* Are they current on their vaccinations? Yes ☐ No ☐
- \* Are your dogs and cats on flea control? Yes ☐ No ☐
- \* Do your cats go outside? Yes ☐ No ☐
- \* Have your cats been tested for Feline Leukemia/Feline Aids? Yes ☐ No ☐
- \* How much do you think this pet will cost you each year (please include food, heartworm preventative, flea control, medical and dental care, supplies, training, grooming, boarding costs and toys)? \_\_\_\_\_

Please list your current pets residing at your home (including roommates' pets as well)

Breed type Name Age Sex Spayed/Neutered? Owned for # yrs. Indoors/Outdoors

---

---

---

2. Have you had pets in the past that are no longer with you? \_\_\_\_\_  
What happened to them? \_\_\_\_\_
3. Have you ever given up a pet for adoption? Yes ☐ No ☐  
If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_

**Pet Information:**

1. Would you accept an animal that has a treatable medical condition? Yes ☐ No ☐
2. Will the pet be kept: ☐ Indoors ☐ Outdoors Where will it sleep? \_\_\_\_\_
3. How many hours a day would the pet be left alone? \_\_\_\_\_ Moving or relocating soon? \_\_\_\_\_
4. Where will the pet spend most of its time?  
Crate ☐ Indoors ☐ Outdoors ☐ Garage ☐ Run ☐
5. When you travel, who will care for your pet?  
Friend or family ☐ Boarding kennel ☐ In-home pet sitting ☐
6. Have you ever taken a dog to obedience class? Yes ☐ No ☐
7. Have you ever crate trained a dog? Yes ☐ No ☐
8. What types of activities do you plan for you and your dog? \_\_\_\_\_  
\_\_\_\_\_

\* If you are adopting anything other than a dog or cat, are you aware of the equipment and feeding requirements for this particular pet? ☐ Yes ☐ No

*The adoption of an animal should never be impulsive, but rather a well thought-out decision made by the entire family or household and always with the best interest of the animal in mind. The goal of the Chula Vista Animal Care Facility is to place animals into permanent, responsible homes. We will always choose the best possible home for each individual animal, based on the animal's needs and its potential home environment.*

**I certify that the information given on this application is true and correct. If I am approved by the Chula Vista Animal Care Facility to adopt an animal, I agree to be responsible for providing proper shelter, food, water, exercise, medical care and humane treatment at all times. I understand that failure to comply with any of the requirements will result in confiscation of adopted animal.**

***Applicant Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

☐ I would like to be informed of activities in my community involving animals!

Email \_\_\_\_\_

**OFFICE USE ONLY:** ACF Staff Member \_\_\_\_\_ ID # \_\_\_\_\_ ☐ Approved ☐ Denied